

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 29-AUG-2015		TIME 01:33:00		2. ADDRESS OF OCCURRENCE 1910 S ASHLAND AVE CHICAGO, IL 60608				3. LOCATION CODE 277		4. BEAT/OCCUR 1234	
MEMBER INVOLVED	5. POSITION 9752	6. LAST NAME VALADEZ	7. FIRST NAME FRANCIS A		8. STAR NO 484	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 509	12. HT. 160		13. WT. 160
	14. DATE OF APPT 22-DEC-1986	15. EMPLOYEE NO 010	16. UNIT & BEAT OF ASSIGNMENT 1000		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME CABELLO	21. FIRST NAME JOSE		22. M.I. O	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B WWH	26. HT. WWH	27. WT. WWH		
SUBJECT INFORMATION	28. ADDRESS WWH		29. TELEPHONE NO. WWH		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ER STAFF		34. BY WHOM? ER STAFF		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input checked="" type="checkbox"/> 03 Not Hospitalized		36. UNDER INFLUENCE <input type="checkbox"/> 01 Under Influence <input checked="" type="checkbox"/> 02 Refused Medical Aid				
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO 19178246		38. IR NO. 19178246		39. DNA <input type="checkbox"/>				
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE		
	O/D NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____		
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		40. ADDITIONAL INFORMATION SUBJECT WAS A PASSENGER IN THE VEHICLE THAT WAS INVOLVED IN A SHOOTING INCIDENT WHERE THE DRIVER THREATENED DEADLY FORCE TOWARD REPORTING OFFICER.								
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 OTHER (Specify)		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR				
	45. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46. MODEL 6904		47. BARREL LENGTH 035		48. CALIBER/GAUGE 9 MM				
	49. TASER DART ID NO TVB7110		50. WEAPON SERIAL NO. (Include Letters) 597130		51. CHICAGO GUN REG. NO. 597130		52. IL FIREARM OWNER ID NO. 597130		53. HANDGUN CERTIFICATE NO. 597130		
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO TVB7110		55. PROPERTY INVENTORY NO. TVB7110		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 3		
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 1		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD NONE		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.						
	73. REPORTING MEMBER (Print Name) VALADEZ, FRANCIS A		STAR/EMPLOYEE NO. 484		SIGNATURE VALADEZ, FRANCIS A						
	74. REVIEWING SUPERVISOR (Print Name) MEALER, MICHAEL J		STAR NO. 95		SIGNATURE MEALER, MICHAEL J		DATE REVIEWED 29-AUG-2015 10:43:37		TIME 29-AUG-2015 10:43:37		

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER. 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject has refused to be questioned without the presence of an attorney

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

After a review of the facts that are known at this time it is the preliminary determination of the undersigned that Commander Valadez discharged his weapon within the department's use of force guidelines. Commander Valadez and Officer Monica Reyes were on patrol in the area of 23rd and Wood when they observed the occupants of the offender's vehicle fire into a vehicle occupied by four subjects. Commander Valadez gave chase to the offender's vehicle which crashed into several parked cars in the 1600 block of West 19th Street. The offender continued his effort to make his good escape, and refused all verbal commands to stop his vehicle, and purposely struck the vehicle occupied by Commander Valadez and Officer Reyes with Commander Valadez suffering an injury to his left shoulder. Commander Valadez and Officer Reyes exited their vehicle and ordered the occupants of the offender's vehicle to exit their vehicle. The armed offenders disregarded verbal commands and put the vehicle into drive and continued their efforts to escape. The driver of the vehicle then started to open his driver side deep tinted window, at which time Commander Valadez fired three rounds at the offender, and Officer Reyes fired five rounds at the subject. The offender suffered a fatal gunshot wound and his vehicle crashed in the 1600 block of W. 19th Street.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1076922 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

29-AUG-2015 11:04:51

79. TOTAL TRR's THIS EVENT No.

4